SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Actual Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.

 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

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 5. Any false reporting may be referred to the Police for investigation.
 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT Date of Submission 07/11/2022 15:27 (SGT) Reported by Driver Date of Accident 04/11/2022 22:30 (SGT) Exact Location of Accident Bukit Batok Central, Singapore Additional Location Information Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number SKS4883L INSURED/POLICYHOLDER Is company? Yes Name Of Registered Owner APEX SPECIALIST PTE LTD Company Reg No 202025716G Email Address lxiangxingl@gmail.com Mobile Phone No (Phone) +65-98577027 Alternative Phone No VEHICLE PARTICULARS Manufacturer Renault Model Fluence Variant Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to No - Reporting only your vehicle? Vehicle Category Commercial vehicle Transmission Auto CC 1461 **INSURANCE COMPANY**

Name of Insurance Company India International Insurance Pte Ltd Policy Number / Cover Note Number D21MPC0005175 01

DRIVER

Name of Driver LIM SIONG HENG NRIC No S8126437F Date Of Birth 29/08/1981 Occupation Indoor

Date Of Driving Pass 06/04/2006 Driving experience 16 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-98577027 Alt. Phone Number Email Address alexbeh.pc@gmail.com Address BLK 406 PANDAN GARDENS #14-38 Address complement Postcode 600406 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **OWNER** Does Driver Own Other Vehicles? Nο Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Head to Rear Weather Conditions **DRIZZLING** Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name **FRIEND** Gender Male PASSENGER 2 Name **FRIEND** Gender Female **DETAILS OF POLICE ACTION** Was the accident reported to the police? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Was there any video captured by Car Camera?

Vehicle Registration Number	SLQ7792U
Vehicle Manufacturer	_
Vehicle Model	_
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	_
Address complement	_
Postcode	-
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

SKETCH PLAN

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- 5. Any false reporting may be referred to the Traffic Police Department for investigation.
- This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the foligement of this report to the insurers, you hereby consent to the archiving of this report at the contine end to copies of the report being made available aforesaid.
- 6. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to odilect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all Insurer(s) who have insured vehicle(s) involved in this accident (alt insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' towyershow time, the Monetary Authority of Singapore and pay relevant government agency/authority (such as the police), for the purpose(s) of

to processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims:

- (ii) investigating the accident and/or my daims;
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me.
- (iv) administranging dischairs (including the making of correspondence, statements, invocces, reports or notices to me, which could are observed declarate of certain personal data about me to bring about delivery of the same as well as on the external cover of enveloperancial prockages; and/or
- (v) complying with applicable law in administraing, processing, handling and/or dealing with my clasms. (collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) impliced in this accident and the insurers' lawyoreflaw firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service provides or agents including their towyers/law linns), which may be sited outside of Singapore, for one or more of the obove Purposes.

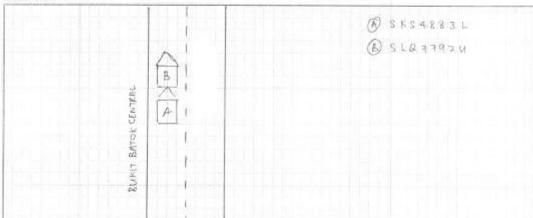


PolicyPolitic's Signaline / Date & Time

Driver's Sefrigate of street is not the policy rotoory / Date

Simple of the Personnel Olympia is in NSIC/ID taxos

Sketch Plan



Rescribe Circumstance of the Accident		
	I WAS TRAVELLING ALONG BUKHT BUTSK CENTRAL ON	
	THE LEFT LANE . I NOTICED THE PED LIGHT HENCE !	
	SLOWED DOWN AND STOPPED. I THOMGAT I HAD STOP COMPLETELY,	
	MY THE CAR DID NOT STOP AND I COLLINED ONTO THE	
	VEHICLE IN TRONT.	
claration		
declare the fo	regaing particulars are true in every respect.	
(2)		
03 (35)252		
SOA	1/ 07/1/2	



